

EDITOR'S MISCELLANY

DOCTOR LORENZ'S VISIT.—Dr. Lorenz came to this country on a special errand. He came to perform an operation which was known to orthopaedic surgeons all over the world; but as its chief exponent and as the one who had carried it to perfection he was chosen, very naturally, by the wealthy parents of the patient he was summoned to see. Outside of a limited number of the medical profession he was almost unknown in this country, and his advent, though heralded by the press, was not regarded as being anything remarkable. As soon as he reached Chicago, his objective point, he attracted attention at once. His superior abilities were recognized. His earnestness, his modesty, and his kind-heartedness very quickly won him a place in the affections of both the public and his professional colleagues. Much of his time was given to the poor. His work and methods were gladly shown to the medical profession. His whole attitude was one of modest demonstration rather than egotistic display. He became much sought after, both socially and professionally, and he soon became known throughout the entire land as a man of intellect and of force, and as a bold and original operator in a new field.

The day after his arrival in Chicago, and before he became so prominent, the writer, having known him personally for years, asked Dr. Lorenz to preside at the Orthopædie Clinie of the Cornell University Medical College when he visited New York. This he very kindly consented to do. In anticipation of this event it was thought best to announce that applicants for examination and operation by Dr. Lorenz would be received at the college dispensary. It was then thought that perhaps there might be one hundred applicants. The result, however, was astonishing. On the first two days over two hundred patients applied, and in about one month over two thousand patients were received, examined, classified, and entered for treatment. While Dr. Lorenz was expected to operate only on congenital dislocation of the hip-joint, and, perhaps, congenital club-foot (and of the former alone over one hundred and fifty patients presented), many varieties of deformities, including some rare conditions, were received. And it may be interesting to note that it is also reported that this experience was duplicated at other clinics where Dr. Lorenz was announced to appear.

This sudden appearance of such a large army of crippled and deformed children was a revelation even to those who thought they were familiar with the number and the needs of this class of sufferers in New York. It is estimated that nearly eight thousand crippled and deformed children were brought under professional observation in the various hospitals and dispensaries of the city by the interest excited among them by Dr. Lorenz's visit, the most of whom, for various reasons, were not receiving proper care or attention.

Speaking from personal experience and from a close observation of the thousands who applied at the Cornell Clinie, I divided these applicants into four classes. It may be of interest to briefly study them:

The *first* class were those who, either through ignorance or neglect on the part of the parents, had been allowed to go without any treatment. Some of these came from the East Side and from the very poor. Others came from the

more thrifty class, whose fatalistic views prevented any effort. Some had become quite indifferent without any apparent cause. The great majority were susceptible of relief or cure if proper hospital care could be afforded them for a period varying from a few months to a few years. Ordinary dispensary care could not reach them, their home surroundings being such that any detailed orthopædic care would be impracticable.

The second class includes the "disappointed ones." Willing and anxious to obtain relief and patient to a degree, they have waited, under a tentative dispensary treatment, for the necessary hospital care for months or years, only to be disappointed. Home care under dispensary direction had failed to secure good results. They had become discouraged and had ceased all effort.

The third class are the "relapsed patients,"—that is, patients who, having received a certain amount of hospital care, have been prematurely discharged, and all the good which had been accomplished was lost. Many of these were hip-joint and spinal cases; patients, in other words, with tuberculous joint-disease. Many of them can still be reclaimed and made much better with proper care.

The fourth class were what I call "the floaters"—that is, patients who go from clinic to clinic attracted by some new method or inspired by curiosity. This class was not a large one.

It is most interesting to note the effect upon all these patients of Dr. Lorenz's visit from the stand-point of the intense interest he excited among them. He became a sort of Messiah to them. They came with a great hope of cure or relief—a hope that could not always be fulfilled, for only a few of the thousands could be operated on by Dr. Lorenz. While those not selected for operation were disappointed, in one sense, many who were hopeless have been encouraged, even if they cannot at present receive all that proper hospital treatment can provide. We all know that the hospitals are overcrowded, that many patients are upon the waiting lists. It all means that thousands must wait and suffer. And this is even more true of the country patient than of the city patient. Away in the rural districts, remote from any medical centre, without hope of hospital care, with every resource exhausted, both pecuniarily and professionally, these country sufferers await some local Lorenz to excite their blunted interest and point out the road to relief.

Lorenz has gone, but the sufferers remain. What shall be done for them? It is a serious question. The excellent private hospitals which are provided for the relief of this class are plainly unable to meet the demand which, at least, is now known to exist. Every day at the clinic we meet with many patients who can only be relieved, with the hope of permanent results, in a hospital. The visit of Lorenz has shown us the deplorable state of many thousands of crippled and deformed children, both in the city and in the country. His visit, at least, has emphasized our deficiencies in caring for this class.

The New York *Evening Post*, in its issue of December 22, in speaking editorially of "Dr. Lorenz's Work," says: "To Dr. Lorenz, then, thanks are due, not merely for the noble work he has done directly, but also for this indirect service in laying before us a vast opportunity for private philanthropy and State aid." And the New York *Medical Journal* (December 20) also says editorially that the labors of Dr. Lorenz will uphold the position of those who favor the State aid for cripples and other chronically diseased children, "with convincing arguments in support of the further advocacy of the principle so important to every civilized community in this enlightened twentieth century."

It is to be hoped that the problem of the care and treatment of this class of crippled and deformed children will soon be solved. Even if the capacity of the existing hospitals were greatly increased, the demand would not be met. The State has established a small hospital for this purpose which accommodates only twenty-five patients. If it could receive several hundred it would not interfere with the good work now being done by the existing institutions, and as the years go by the supply of patients is not likely to be lessened.

It may be of interest in this connection to give the views of Dr. Lorenz on this subject. After he had operated on a patient with congenital hip dislocation at the State Hospital for Crippled and Deformed Children at Tarrytown, and had visited its wards and examined the patients, he handed me the following letter:

“TARRYTOWN, N. Y., December 21, 1902.

“MY DEAR PROFESSOR SHAFFER: It has pleased me much to visit the State Hospital for Crippled Children at Tarrytown. The little crippled children you have gathered there are most interesting. The location of the hospital is fine, and the work you are doing must commend itself. The pity is that it is so small. I, myself, have seen that many crippled children exist in your country who need great care which they now cannot receive, and for the State to care for them is most praiseworthy. I hope to know, after I return home, that your hospital has been made much bigger, and I hope you may have a great success. I shall tell my government of your hospital, and I hope we may have one like it in Austria.

Your friend,

“(Signed)

“DR. ADOLPH LORENZ,

“Professor of Orthopædic Surgery, University of Vienna.”

Whatever may be the outcome of Dr. Lorenz's visit, two things which the visit has developed stand out prominently—we have many thousands of crippled and deformed children in our State, and the present facilities for their proper treatment are inadequate. With the expenditure of a few thousand dollars the State Hospital could be enlarged, and in this way we would be able to give these sufferers the relief to which, under the laws of humanity, they are entitled.—
NEWTON M. SHAFFER, M.D., in *Charities*, January 3.

THE COST OF CHILD LABOR.—Dr. Louise Fiske Bryson, at a parlor meeting of the Consumers' League in New York recently, spoke forcibly on some of the evils of child labor from a physician's point of view. She said in part:

“Just as the plant needs outdoor air, sunshine, water, and suitable food, so does the little child need in generous measure these same agencies for his orderly development. And play, rest, exercise, obedience, countless spontaneous movements are as necessary to the animal part of the young child as they are to the thoroughbred colt. These life-stuffs must be supplied generously for the normal unfolding of physical power. Something more is needed to bring the child into a state of complete humanness. Does child labor afford it? On the contrary, it thwarts the plant part of him, injures him on the animal side, and in the majority of instances leaves him forever hopeless and forlorn in the ranks of unskilled labor and in the sub-human class.

“Children are so constructed that shutting them up, remote from outdoor air and sunshine, is sure to invite disease and disaster. Crowding and poor ventilation reduce the power to resist disease; the little prisoners of toil, like all prisoners everywhere, are peculiarly prone to contract a common disease, one

that every year brings to an untimely grave more victims than war, famine, plague, cholera, and typhoid fever combined, and that is tuberculosis. This scourge, at the lowest estimate, costs the United States in loss of life over three hundred and thirty million dollars annually. Would you help stamp it out utterly? Then abolish child labor.

"Tuberculosis is a disease that literally walks in darkness. The germs that cause it die in a few hours when exposed to the direct rays of the sun. They will live for years in a dark closet. Tuberculosis is distinctly preventable and unnecessary; and in the majority of instances perfectly curable, according to modern methods of treatment. In view of these facts, conditions of darkness, damp, and overcrowding, that favor its development and spread, constitute a barbaric menace to public health.

"Since child labor is everywhere, it must naturally prevail to a greater or less extent in all the dangerous trades. There are seven classes of the so-called 'dangerous trades,' in which some form of poison or disease is incidental to the trade itself as at present carried on. The character of the substances used renders these employments technically dangerous, as lead in glass-polishing, arsenic in wall-paper, mercury in rubber-work, the use of certain poisonous dyes for textile fabrics, and the mere handling of animal products, such as wool, hides, and furs, in which lurk the germs of deadly disease.

"The Factory Inspectors find little children hidden away in all manner of places where they have no real right to work at all, crouching down out of sight behind balcs of paper where arsenic is used; exposed to the poison of lead, mercury, phosphorus, copper, and other toxic influences; and to the ills of the artificial humidity essential to the spinning of cotton, flax, wool, and silk. The difficulty is to 'catch them at it,' to discover them really at work, and then to prove that they are under the age required by law, for, as these little people say themselves, 'It is easy to fix the Board of Health certificate if you only know how.' Lead poisoning, or plumbism, causes loosening and dropping out of the teeth, frightful colic, blindness, paralysis, and sometimes death in convulsions. Phosphorus ulcerates the gums, causes decay of bone, terrible disfigurements, blindness, and paralysis of the wrists, and often death. Mercury gives rise to anæmia, or bloodlessness, to spongy gums, loosened teeth, and paresis of the limbs. Nitric acid, used for cleansing, may cause instant death. The germs of lockjaw reside in hides, wool, and fur.

"Public opinion that permits child labor condemns the child to a short, dreary life, and to some form of hideous death that is too often distinctly preventable.

"The remedies for this state of things? Agitation, discussion, education among the people at large upon this special subject, to enlighten the voter, the consumer, the employer, the parent, as to the true place of the child in nature and in the State, are naturally the first steps in the right direction.

"Next in order comes a revision of the compulsory education law, which should enforce school attendance every day of the entire school year till the age of fourteen. To protect public health, an entirely new law prohibiting child labor in the tenements would prove most efficacious."

MISS LYDIA HOLMAN, a graduate of the Philadelphia Hospital, is in charge of a small and cosey cottage sanitarium near Ledger, N. C., from where she writes the following graphic account of her experiences with the mountain people:

" . . . I have made about sixty visits to sick people, on horse or mule back, as I have to ride any animal the people bring. We have no physicians, no drug stores, and very little in the way of supplies, though I thought I was bringing rather a good outfit, including medieine. The people diagnose their own and their neighbors' eases, and frequently send for medicine for 'smotherings'! I decline offering medieine or adviee until I have seen the case, and as the distances are so great—three to eight miles over the roughest roads—I make a long visit and demonstrate everything I want done. I then may not go again, but some member of the family comes to report, or, in due time, the patient, to return thanks and compliments and fee.

" 'Smotherings,' I find, come from an engorged stomach,—hot corn-bread, sour-kraut, pork in great quantities,—and an emetic, the stomach-tube, good doses of salts, and plenty of charecoal prove effective treatment. A long discourse on diet, cleanliness, 'pinching' of snuff and chewing tobacco is usually thrown in with the treatment. The women come to be cured of 'dyspep' (indigestion), and I say, 'Put out your tongue;—then, ' You dip,' which means, use snuff or tobacco; 'I cannot do anything for you until you stop it.'

" They also come with 'risings,' which are swellings all the way from a small boil to a very bad gland. 'Risings' frighten them more than anything else, for, never having had proper treatment, they usually mean blood-poisoning and sometimes death. I lost a little girl with croup; I worked over her all one day and night, while the snow blew in on us, and with a cooking-stove and log fire it was difficult to keep warm.

" Often I am invited to stay all night; there will be two to four beds in the log cabin, and perhaps ten or twenty people. No doctor can be had for less than five dollars, and this is not a graduate physician, but a man of the district who has practised on the people with patent medicines and concoctions from roots, etc.; so the people who have not land or cattle to mortgage do without a doctor, and the relations and neighbors keep watch and use what homely remedies they know of,—gunpowder and cream for wounds, castor-oil and turpentine for almost everything else.

" When a death occurs some friend goes to the nearest church and tolls the bell, then everyone, far and wide, knows there has been a death. The people are honest, kind, willing, interested in better conditions, and are as industrious as their few wants require them to be. Some of them have never seen an engine, railroad, or anything that belongs to one. A new railroad is now being built, and as the passenger train went whistling by the other day the woman who washes for me said with wondering eyes, 'Did you hear the passenger holler? It sounds like persons, not a bit like the work-train.' I am going to have the pleasure of taking her on a short trip."

THE HOT-WATER BAG—AN APPRECIATION

IT certainly would seem that the attainment of the shady side of forty and seventeen years of nursing might teach any but an entirely stupid person the possibilities of a hot-water bag, but the writer maintains that no one born under the flag of this Republie ever really knew and loved the humble bag until he or she journeyed into a far country between September and June.

To one not addicted to cold feet and who constantly battles for cool air in steam-heated hospitals it never occurs that a hot-water bag could have uses for anyone but patients, consequently when the unappreciative lands on the chilly

shores of England in October she goes nightly to bed with limbs and feet cold to the upper third of the thigh and wits too congealed to remember that rubber bags may be had for five shillings.

The Scotch have a stone-china bottle called a "pig," which must have been the ancestor of our triangular tin cans used for the same purpose. It is very heavy, but holds the heat for hours and has no doubt saved the lives of scores of wandering Americans whose national habits require that they be thawed at least once in the twenty-four hours. The Briton has one humane custom which his Latin neighbor lacks. The former does not wish you to die on his hands, and will put a "pig" in your bed without a written requisition, but in France and Italy only many fees and much persuasion will save you from an early grave.

Except the Klondike surely no other place was ever as cold as an Italian gallery in winter, where one freezes fast to the stone floors on cleaning days, and only a hot-water bag under a cape or in a muff saves one's hands from the same fate.

The writer hesitates out of regard for the budding probationary mind from accurately recording how many times the contents of the hot-water jug sent up before dinner has been diverted from its lawful channel into the bag and tucked away between icy linen sheets, while grimy faces have been cleaned with cold cream and talcum powder. The same bag has been hidden under rugs in trains and gondolas to save freezing feet, and later, when the North Atlantic and the steamer connived together for one's undoing, it has been the only comfort in this "miserable vale of tears."

The Unappreciative hastens to record this tribute of affection to a great American institution before the steam-heat habit obliterates her deep sense of gratitude.

MAC.

Two practical methods, effective and simple, of relieving an attack of hiccoughs came recently under observation abroad. A Swiss school-master cured one of his pupils by placing in the boy's mouth the opened blade—edge upward—of a penknife, directing the young fellow to close his teeth upon it, the master himself holding the handle. The fear of cutting the mouth, of which there is really but little danger, diverts the patient's attention, and the spasm is soon controlled.

Another method, reported by a gentleman who had it of Sir Gilbert Parker's butler when a guest in the writer's house in England, is even simpler if a glass of water be accessible. Pressing firmly with the middle or first finger of each hand just in front of the ear so as to close the orifice, have some one give you a drink, in several swallows, from a glass of water, and you will be surprised at how quickly a cure takes place.

M. C. BEAN.

ON page 498 of the March number of the JOURNAL in the article taken from *Charities*, entitled "A Crusade for a Thousand Eyes," the statement is made that Bellevue nurses were sent to the improvised dispensary. Miss Gilmour's correction we give in her own words, as the figures shown are most interesting:

"Dr. Brannan had put the wards in order and then spoke to Miss Stowers, who has charge of the Gouverneur Hospital, to see what she could do about furnishing nurses. She telephoned to me and I telephoned to Commissioner Folks, and within two hours we had the staff of one post-graduate and three pupil nurses ready to receive the first patients. Since then two nurses have been

placed in the operating-room, two in the wards, two in the clinical dispensary, and one on night duty, raising the force to six pupil nurses and one post-graduate. The last nurse was added in the dispensary on March 9, after the following report has been received:

"March 4 six hundred and fifty-two patients went through the dispensary. Of these four hundred and seven were children who had come back for a second or third treatment, and we called them old cases; two hundred and nineteen were new cases, and in the operating-room twenty-six operations were done on children who had come in the day before, and these were cared for in the wards for as long as the doctors thought it necessary. The total number of cases treated in three days, March 2, 3, and 4, were eighteen hundred and thirty-one, so that I felt they were quite justified in asking that another nurse be added to the dispensary force to help the doctors to handle this army of six hundred and fifty-two.

"So far we have had only words of praise for the manner in which this section of the work has been handled. Certainly they must have the routine very well established to be able to send through so many cases successfully."

"Feeling that in justice to myself and our nurses I ought to make this statement to you, I am

"Very sincerely yours,

"MARY S. GILMOUR."

[EXTRACTS from a letter recently received contain some suggestions that may be profitable to some of our readers.—ED.]

The writer says:

"I have always felt that the long hours and hard work in our hospitals make it almost impossible for the pupil nurses to keep up their outside interests, and many find themselves at the end of two or three years quite ignorant of what is interesting the large mass of people in literature and politics.

"The habit of reading aloud well is often lost also, if ever possessed.

"I felt that our nurses had all the study they were equal to in the regular course and concluded that an hour a week—the *year round*—was all the time I could justly require them to give to a reading-class.

"A year ago last September I began to have all the nurses who could possibly be spared from the wards meet for an hour every Saturday to read aloud.

"Usually I select editorials from *The Outlook* and *Harper's Weekly* on topics of the day. We criticise one another's pronunciation and style of reading, and I often ask the nurses to define in their own words the meaning of certain phrases."



SMALLPOX VESICLES.—A writer in the *Lancet*, referring to the prevalence of smallpox in London, and the difficulty sometimes in mild cases of differentiating between this disease and chicken-pox, calls attention to a well-known method by which the object can be attained. The vesicles in chicken-pox are unilocular, while in smallpox they are multilocular, the practical result of this pathologic fact being that if a chicken-pox vesicle be pricked with a needle, its contents can be completely evacuated and the cell will collapse; whereas in smallpox if you make twenty pricks with a needle, the vesicle will not collapse, because, being multilocular, it is impossible to empty it.—*Medical Times*.